

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588534

FILING DATE

24 OCT 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	<i>2</i>		/			
4	<i>1</i>		/			
5	<i>2</i>		/			
6	<i>1</i>		/			
7	<i>2</i>		/			
8	<i>1</i>		/			
9	<i>1</i>		/			
10	<i>1</i>		/			
11	<i>1</i>		/			
12	<i>1</i>		/			
13	<i>1</i>		/			
14	<i>1</i>		/			
15	<i>1</i>		/			
16	<i>1</i>		/			
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TOTAL IND.	/	↓	/	↓		↓
TOTAL DEP.	<i>16</i>	←	<i>15</i>	←		←
TOTAL CLAIMS	<i>7</i>		<i>16</i>			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						